

B564 0001  
BMG/cnr**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; that I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled:

**METHOD AND APPARATUS FOR THE ESTIMATION  
OF ANESTHETIC DEPTH USING WAVELET  
ANALYSIS OF THE ELECTROENCEPHALOGRAM**

which is described and claimed in the attached specification,

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information which is material to the patentability of this invention in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby appoint the following attorney(s) and/or agent(s), with full powers of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<u>Name</u>	<u>Regn. No.</u>	<u>Name</u>	<u>Regn. No.</u>
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issuing thereon.

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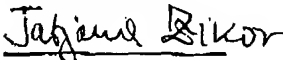
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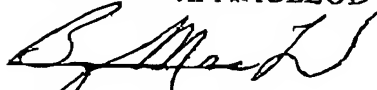
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